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TO: U.S. Patent & Trademark Office
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FROM: Edward A. Kmett (Reg. No.: 42,746)

RE: U.S. Application No. 09/853,710
Attn: Examiner T. Lett
Group Art Unit 2626
Atty. Docket No. 00862.022223.

FAX NO.: (571) 273-8300

DATE: February 2, 2006 **NO. OF PAGES:** 17
(including cover page)

TIME: 3:15 pm **SENT BY:** Dawn M.

MESSAGE

Transmitted herewith is an Amendment, an Amendment Transmittal and a Form PTO-1449 in response to the Office Action dated November 2, 2005.

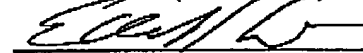
I hereby certify that this correspondence is being facsimile transmitted to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 2, 2006

(Date of Transmission)

Edward A. Kmett (Reg. No. 42,746)

(Name of Attorney for Applicant)



Signature

February 2, 2006

Date of Signature

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In re Application of:

TETSUYA KAWANABE

Application No.: 09/853,710

Filed: May 14, 2001

For: IMAGE PROCESSING SYSTEM, IMAGE DATA
PROCESSING METHOD, AND STORAGE MEDIUM

Docket No. 00862.022223.

Examiner: T. Lett

Group Art Unit: 2626

Date: February 2, 2006

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional claims fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 91	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 6	MINUS	*** 24	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.


☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Page 1 of 2

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Edward A. Kmett
Registration No.: 42,746

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